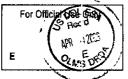
U.S. Departmen: of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2521/	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Belinda Galimore	Name Plumbers & Papefitters Local 498	
	Labor Organization File Number 037-254	
P.O. Box, Bidg. Room No., if any	P.O. Box, Building and Room Number, if any p O Box E	
Street 1050 Grandview Drive	Street 3803 West Meighan Blvd	
City Altoona	City Gadsden	
State Alabama ZIP Code + 4 35952	State Alabama ZIP Code + 4 35904	
5. Position in labor organization. Member of Local		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and adcress of Employer (including trade name, if any). Name Trade Name, if any:	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
P.O. Box, Bidg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Sign	nature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been excrained by the signatory and is, to the best of the	
Signed Lolinda Malimora	On 3-13-06 <u>205-589-2737</u> Date Telephone Number	

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Name of Persor Filing Belinda Galimore		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade r ame, if any).	9. Business deals with:		
Name Gadsden-Anniston JATC			
Trade Name, if any: N/A	a. Labor Organization		
P.O. Box, Bldg. Room No., if any POBox F	b. Trust c. Employer		
Street 3803 West Meighan Blvd	J. 2p. 1075.		
City Gadsden			
State Alabama ZIP Code + 4 35904			
10. If 9.b. or 9.c is checked give trust or employer s name.	11.a. Nature of such dea	ing.	
Name	ATR Training		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
T.O. DOX, Didg., Nooth 140., II ally			
· ^			
Street	11.b. Approximate dollar val	ue of such dealing. \$1,290	
Street City	11.b. Approximate dollar val. 12.a. Nature of interest he		
City	12.a. Nature of interest he		
City			
City	12.a. Nature of interest he 12.b. Amount.		
City State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.a. Nature of interest he 12.b. Amount.		
City State ZIP Code + 4 C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest he 12.b. Amount. er parts A and B above) or other thing of value.		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest he 12.b. Amount. er parts A and B above) or other thing of value.		
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14.b. Amount of payment.

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or Consultant

13.b. Is the Business an Employer